



Idaho State Board of Pharmacy

3380 Americana Terrace #320 PO Box 83720 Boise, ID 83720-0067
208/ 334-2356 Phone 208/ 334-3536 Fax

PHARMACY TECHNICIAN **ADDITIONAL** WORK LOCATION

Please type or print in ink. Illegible or incomplete applications will be returned.

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ SSI#: _____

ADDRESS _____
NUMBER STREET

CITY, STATE, & ZIP _____

PHONE () _____ - _____ REGISTRATION # AND EXPIRATION DATE _____

EMPLOYMENT INFORMATION

PHARMACY NAME _____

PHARMACY ADDRESS _____

CITY, STATE, & ZIP _____

PHONE NUMBER () _____ - _____ PHARMACY'S LICENSE NUMBER _____

PHARMACIST- IN-CHARGE _____ LICENSE NUMBER _____

STATEMENT OF TECHNICIAN APPLICANT *I have studied and I understand the Idaho rules regarding pharmacy technicians and I will comply with them and the federal and state laws and the rules of the Idaho Board of Pharmacy. I hereby certify that the above statements are true and correct.*

SIGNATURE OF TECHNICIAN APPLICANT _____ DATE _____

Printed Name of Pharmacist-In-Charge or Authorized Agent (Must be a pharmacist) _____

Signature of Pharmacist-In-Charge or Authorized Agent (Must be a pharmacist) _____ Date _____